

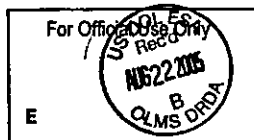
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



1 File Number U <u>10525</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Michelle</u> <u>E</u> <u>Prater</u> P O Box Bldg Room No if any <u>225</u> Street <u>E Broad St</u> City <u>Columbus</u> State <u>Ohio</u> ZIP Code + 4 <u>432</u>	4 Name file number and address of labor organization Name <u>Ohio Education Association</u> Labor Organization File Number <u>512-490</u> P O Box Building and Room Number if any <u>225</u> Street <u>E Broad St</u> City <u>Columbus</u> State <u>Ohio</u> ZIP Code + 4 <u>43216</u>
5 Position in labor organization <u>Media Relations Consultant</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Michelle Prater

On

8/12/05

Date

614 227-3071

Telephone Number

